

Not for use by other personnel. For use only by the Superintendent.
Superintendent's Office: **PRIN. APPROVAL**
Complete All Items on top half of form.
Attach Missing Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Kelly Baker Date Submitted 8-20-25
School/Work Site CD
Name of Meeting/Conference Cont. Improvement Cognia Conf.
Date(s) of Meeting/Conference Sept 21-23 Departure Time 8:00am Return Time 6:00pm
Place of Meeting/Conference Lexington Hyatt
Rationale for Attendance CDIP
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 401

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
\$185.-	\$319.48	\$100.00	\$106.64	—	—	—	\$711.12

Principal Signature: _____

Grant/Admin: J. Smith

Required if Expenses are Paid by Grant Funds

Prior Superintendent Approval:

☒ Approved ☐ Not Approved...

Reason _____

Superintendent Signature J. Smith

8/21/25
Date

Submit this statement upon returning. Include any original receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
9-21	124	53.32		40.00			
9-22				40.00			
9-23	124	53.32		20.00			

Reimbursement Due

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Kelly Baker
Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

Submit this section upon returning. Include any original required receipts and signatures.
 Superintendent for PRIOR APPROVAL.
 Complete All Items on top half of form.
 Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Amanda Bills Date Submitted 8/12/25 **COPY**
 School/Work Site FSHS
 Name of Meeting/Conference Ky School Counselor Conference
 Date(s) of Meeting/Conference Sept 10-12 Departure Time 8am Return Time 6pm
 Place of Meeting/Conference Mamott Griffin Gate, Lexington
 Rationale for Attendance State Conference
 Expenses paid by: ☒ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____
 Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>\$300.00</u>	<u>\$441.07</u>	<u>\$100.00</u>	<u>\$150.50</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>\$991.57</u>

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved... 8/18/25
 Reason _____ Superintendent Signature _____ Date _____

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***"

Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature

Date

Supervisor Signature

Date

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Constance Blawie Date Submitted Aug. 18th 2025
 School/Work Site Middle School (YSC) ☐ COPY
 Name of Meeting/Conference Bully prevention
 Date(s) of Meeting/Conference 8-23-2025 Departure Time 7Am Return Time 4pm
 Place of Meeting/Conference GRREC Grant Center 230 Tech. way Bldg
 Rationale for Attendance Fryse Training hrs
 Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) MSYC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	—	—	—	—	—

Principal Signature: [Signature] Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved... [Signature] 9/3/25
 Reason _____ Superintendent Signature Date

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
Reimbursement Due							

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Constance Blawie 8-18-25
 Employee Signature Date

Supervisor Signature _____ Date _____

Central Office Use:

Coding _____

CFO Approval _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Constance Blane Date Submitted Aug. 18-2025
School/Work Site Middle School (YSL)
Name of Meeting/Conference REGIONAL FRYSC Meeting
Date(s) of Meeting/Conference 9-19-25 Departure Time 7AM Return Time 4pm
Place of Meeting/Conference GLASSBORO NJ
Rationale for Attendance REGIONAL FRYSC Meeting
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) FRYSC
Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses

Principal Signature: _____ Grant/Admin: _____
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 9/3/25

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Constance Blane
Employee Signature

Sept. 3rd 2025
Date

Central Office Use:

Coding

Supervisor Signature

Date

CFO Approval

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Constance Blume Date Submitted 8-14-25

School/Work Site Middle School / YSC

Name of Meeting/Conference Regional Advisory (FRYSC)

Date(s) of Meeting/Conference 8/18/25 Departure Time 9:45AM Return Time _____

Place of Meeting/Conference Will Oaks Golf Club in Glasgow by 350 country club rd.

Rationale for Attendance REGIONAL ADVISORY MEETING FOR FRYSC

Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FRYSC FUNDS

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses

Principal Signature: [Signature] Grant/Admin: [Signature]

Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds

☒ Approved ☐ Not Approved... Reason _____

Superintendent Signature [Signature] Date 8/18/25

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.							Reimbursement Due

Employee Signature Constance Blume Date 8-14-25

Supervisor Signature _____ Date _____


Central Office Use:

Coding _____

CFO Approval _____

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Kelli Combs #9788 Date Submitted 8/27/25  **COPY**

School/Work Site SES

Name of Meeting/Conference The Art of Education University Winter NOW Conference

Date(s) of Meeting/Conference 1/30, 1/31 Departure Time _____ Return Time _____
(can watch on different days)

Place of Meeting/Conference online

Rationale for Attendance Discipline relevant PD

Expenses paid by: ☐ SBDM ☒ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>129.00</u>							<u>129.00</u>

Principal Signature: [Signature] Grant/Admin: [Signature]

Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds

☒ Approved ☐ Not Approved... 9/3/25

Reason _____ Superintendent Signature _____ Date _____

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses Amount	Explanation	Total
Reimbursement Due							

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Central Office Use:

Employee Signature _____ Date _____

Coding _____

Supervisor Signature _____ Date _____

CFO Approval _____

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Sar Evans Date Submitted 8/12/25
 School/Work Site FSAS/CTE
 Name of Meeting/Conference Ky State Fair
 Date(s) of Meeting/Conference 8/22/25 Departure Time 7:00 AM Return Time 6:00 PM
 Place of Meeting/Conference Ky Expo
 Rationale for Attendance Student Achievement
 Expenses paid by: ☒ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals <small>See policy on back*</small>	Mileage <small>\$0.43 per mile</small>	Airfare	Substitute <small>\$100 per day</small>	Other	Total Est. Expenses
					100		100

Principal Signature: _____ Grant/Admin: FFA
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved... 8/21/25
 Reason _____ Superintendent Signature _____ Date _____

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
Reimbursement Due							

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Central Office Use:

Coding _____

CFO Approval _____

SCHOOLS
AUTHORIZATION

CFO Approval

Submit this form to the Principal and Superintendent for **PRIOR APPROVAL**.
Complete ALL items on top half of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name Lucinda Eversman Date Submitted 8/21/25
School/Work Site Franklin & Lincoln Elem.
Name of Meeting/Conference Family Engagement Series - Session #1
Date(s) of Meeting/Conference 8/26/25 Departure Time 8am Return Time 3pm
Place of Meeting/Conference GIRREC
Rationale for Attendance Learning family engagement strategies
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FRYSC

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	<u>66</u>	—	—	—	<u>\$28.38</u>

Principal Signature: [Signature] Grant/Admin: [Signature]
Prior Superintendent Approval: [Signature] Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 8/21/25

Submit this section upon returning. Include any original required receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses Amount	Explanation	Total

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Lucinda Eversman 8/21/25
Employee Signature Date
[Signature] 8/21/25
Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

SIMPSON COUNTY SCHOOLS
OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Lucinda Eversman Date Submitted 8/14/25
School/Work Site Franklin & Lincoln Elem FRC
Name of Meeting/Conference ribon cutting for Isaiah 117
Date(s) of Meeting/Conference 8/15/25 Departure Time 11:15a Return Time 1:00p
Place of Meeting/Conference 114 Wilhelm Rd Russellville, Ky
Rationale for Attendance Emergency housing for children in Logan & Simpson, & Butler Co.
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) FRYSL
Estimated Expenses: _____

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
—	—	—	40	—	—	—	17.20

Principal Signature: J. Anderson 8/14/25 Grant/Admin: _____
 Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
 Reason _____ Superintendent Signature J. Shu Date 8/14/25

Submittende erklären, dass die vorliegende Arbeit selbstständig verfasst wurde und keine anderen Quellen als die angegebenen benutzt wurden. Die in der Arbeit enthaltenen Aussagen sind die eigene Meinung und nicht notwendigerweise die der Universität.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

*** Per Board Policy 03.125 and 03.225: Out of District Travel Reimbursement							
Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	
Affidavit: I hereby certify that all expenses included in the above statement were incurred by an							Reimbursement Due

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Lucinda Wenzman 8/14/25
Employee Signature Date

J. Anderson 8/14/25
Supervisor Signature Date

Central Office Use:

Coding

CFO Approval

Subject to the Board's approval, this authorization is for PRIOR APPROVAL only. It does not constitute a guarantee of reimbursement. All expenses are subject to audit. Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS OUT-OF-DISTRICT TRAVEL AUTHORIZATION

COPY

Employee Name LeAnn Fisher Date Submitted Aug. 20, 2025
School/Work Site COFFICE
Name of Meeting/Conference Cont. Improvement Cognia Conference
Date(s) of Meeting/Conference Sept. 21-23 Departure Time 8:00am Return Time 6:00pm
Place of Meeting/Conference Lexington Hyatt
Rationale for Attendance COIP
Expenses paid by: ☐ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☒ Other (MUST Specify) 401

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
<u>185.00</u>	<u>319.48</u>	<u>100.00</u>	<u>147.92</u>	<u>/</u>	<u>9</u>	<u>9</u>	<u>752.40</u>

Principal Signature: _____ Grant/Admin: [Signature]
Prior Superintendent Approval: _____ Required if Expenses are Paid by Grant Funds
☒ Approved ☐ Not Approved...
Reason _____ Superintendent Signature [Signature] Date 8/21/25

Submit this section upon returning. Include any original receipts and signatures.

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses Amount Explanation	Total
<u>9-21</u>	<u>172</u>	<u>73.96</u>		<u>40.00</u>		
<u>9-22</u>				<u>40.00</u>		
<u>9-23</u>	<u>172</u>	<u>73.96</u>		<u>20.00</u>		

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

LeAnn Fisher
Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Reimbursement Due

Central Office Use:

Coding

CFO Approval

Submit this form to the Principal and
Superintendent for PRIOR APPROVAL.
Complete All Items on the rest of form.
Attach Meeting Registration Form

SIMPSON COUNTY SCHOOLS

OUT-OF-DISTRICT TRAVEL AUTHORIZATION

Employee Name Jonathan Daniel King Date Submitted 08-18-25
School/Work Site FSHS
Name of Meeting/Conference KAAC Coach's Conference
Date(s) of Meeting/Conference 09-18 thru 09-19 Departure Time 5pm Thur Return Time 3pm Fri
Place of Meeting/Conference Golf House
Rationale for Attendance Certification to coach quick recall and future problem solving
Expenses paid by: ☒ SBDM ☐ PD ☐ Spec Ed ☐ KETS ☐ Other (MUST Specify) _____

Estimated Expenses:

Registration	Lodging	Meals See policy on back*	Mileage \$0.43 per mile	Airfare	Substitute \$100 per day	Other	Total Est. Expenses
200	190	40	103.20		100		633.20

Principal Signature: _____

Prior Superintendent Approval: _____

☒ Approved ☐ Not Approved...

Reason _____

Grant/Admin: _____

Required if Expenses are Paid by Grant Funds

Superintendent Signature _____

Date

8/25/25

Submit this section with completed information
original required, copies are optional

TRAVEL EXPENSE REIMBURSEMENT REQUEST

*** Per Board Policy 03.125 and 03.225: "Out-of-District Travel Reimbursements MUST be submitted within thirty (30) days of the travel return date.***

Date	# Miles	Charge @ \$.43	Lodging	Meals	Other Expenses		Total
					Amount	Explanation	

Affidavit: I hereby certify that all expenses included in the above statement were incurred by an employee of Simpson County Schools in the capacity of official business; that they are proper charges qualifying for reimbursement from the Simpson County Board of Education; and that all data furnished here within is true and correct to the best of my knowledge.

Reimbursement Due

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Central Office Use:

Coding _____

CFO Approval _____